

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILED DATE

10799507

03-12-09

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5		2				
6		2				
7		2				
8		2				
9		1				
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TOTAL IND.	8					
TOTAL DEP.	29					
TOTAL CLAIMS	37					

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